| Return completed for | Idaho Corporation Ann File online at: sosbiz.idaho.gov orm within 30 days to: | • | B0788-8 |
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| Idaho Secretary of Stat | | For Office Use Only | _00 U |
| Attn: Annual Reports | | -FILED- | 17 |
| 450 North 4th Street Boise, ID 83720 | | File #: 0005309541 | ø |
| Phone: (208) 334-2300 | | | 2 |
| | e if received by the due date. | Date Filed: 7/7/2023 10:24:00 AM Due no later than: 05/31/2 | |
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| SOS Control Number: 506284 | Filing Status: Active-Good Sta | anding | 20 |
| Non-Profit Corporation (D) | Date Formed: 05/18/2006 | Formation Locale: ID | N |
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| Name and Mailing Address: | | Add or Change Mailing Address: | 10 |
| SOMALI BANTU COMMUNITY ASSO PO BOX 9874 | DCIATION OF IDAHO, INC. | | •• |
| BOISE, ID 83707-4874 | | | 24 |
| BOIOE, ID 00707-4074 | | | - |
| | | | AM |
| Registered Agent (RA) and Registe | red Office (RO) Address: | | 70 |
| ABDI HAJI | (2) | Change RA and/or RO Address: | Received |
| 9495 W SHELBORNE DR | | | 0 0 |
| BOISE, ID 83709 (ADA COUNTY) | | | 1. V |
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| | gistered Office address must be a physical Id | laho address (no postal box). | үч |
| (3) New Registered Agent (RA) Sigr | | above, the new agent must sign here to accept the appointi | <u> </u> |
| (4) Corporations: Enter names and business : | addresses (with zip code) of the President, Vice F | | Hh |
| | Preside Business Address | City, State, Zip | <u>- p</u> . |
| | | 10 0 00 00 0 | <u>n</u> |
| Vicepresident a Ji Romoda, Secretary AL; musa sec | | <u> </u> | <u> </u> |
| Secretary AL; Musa sec Preasure Abi Abdi | POBOX 9874 | BOSETD SIZEZ | н |
| | 1601169 PO, BOX 9874 | BOISETD 83707 | 5 |
| | dresses (with zip code). Attach additional sheet | | - To |
| Name | Business Address | | н |
| | | City, State, Zip | <u> </u> |
| Hodiha), president | PO.BOX 9874 | <u>Boise ID 83707</u> | <u>a</u> |
| Hat; Ramadan Vice pres AL: MUSA SEGRETARY | 10 0 21 | | 0 |
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| (5) Signature: | (6) | Date: 07/07/2023 | Ř |
| (7) Type/Print Name: Abdi hosi | | Title: president | О fi |
| | | | |
| Instructions: Legibly complete the form abor | | | U D |
| | ve. Sign and date this form and return to the add | lress provided above. | 2 2 2 |
| | ve. Sign and date this form and return to the add | Iress provided above. | |